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## \*BIBDATASHEET\*

CONFIRMATION NO. 7805

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/656,345	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 265280-73406
<b>APPLICANTS</b> Pamela L. Plouhar, South Bend, IN; Prasanna Malaviya, Ft. Wayne, IN; Joe W. Ferguson, Warsaw, IN; Mora C. Melican, Bridgewater, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/918,116 07/30/2001 PAT 6,638,312 which claims benefit of 60/223,399 08/04/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/17/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 27777				
<b>TITLE</b> REINFORCED SMALL INTESTINAL SUBMUCOSA				
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	